

GRIEVANCE FORM

ALAGAPPA UNIVERSITY, KARAIKUDI – 630 003

(Accredited with 'A' Grade by NAAC)

DIRECTORATE OF DISTANCE EDUCATION

Date :

Name of the Course : _____ Year of Admission : _____

Name of the Candidate: _____

Enrolment No.: _____

Address : _____

Pin Code : _____

Phone No. : _____ Fax No. : _____
(with STD code)

E-mail ID : _____ Mobile No. : _____

Grievance in brief :

Signature of the Student

(To be filled by the Office)

Action taken :

Asst.

A .R. /A. D.

DIRECTOR

Note : For grievances in respect of the Examination related matters such as Examination centers, Results, Mark statements, Revaluation, Provisional and Degree Certificates kindly contact : e-mail : aucoe@yahoo.co.in

Phone No. 04565-229330, 225205, 225206 and 225207, Fax No.: 04565 - 225624